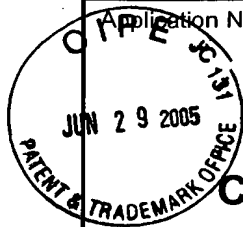


07-01-05

1637 Dr/AF



Application No. (if known): 09/807,234

Attorney Docket No.: 20087/000J067-US0

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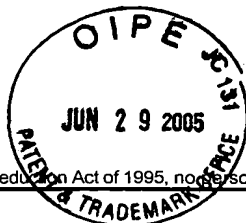
  
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Response to Office Action and Amendment Under 37 C.F.R. 1.116 (12 pages) and  
Exhibit 1 attached thereto (2 pages).  
Amendment Transmittal Letter (1 page)  
Transmittal Form (1 page)  
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PTO/SB/21 (09-04)

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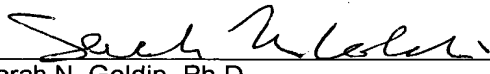
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|   |                        |                   |
|---|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/807,234        |
|   | Filing Date            | April 6, 2001     |
|   | First Named Inventor   | Tae-Shin Park     |
|   | Art Unit               | 1637              |
|   | Examiner Name          | A. H. Spiegler    |
| Total Number of Pages in This Submission  | Attorney Docket Number | 20087/000J067-US0 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Certificate of Express Mailing<br>Return Receipt Postcard |
| <div>Remarks</div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                        |          |        |
|--|------------------------|----------|--------|
| Firm Name                                  | DARBY & DARBY P.C.     |          |        |
| Signature                                  |                        |          |        |
| Printed name                               | Sarah N. Goldin, Ph.D. |          |        |
| Date                                       | June 29, 2005          | Reg. No. | 54,127 |

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|  |   |   |                                   |      |      |
|--|---|---|-----------------------------------|------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   | Docket No.<br>20087/000J067-US0   |      |      |
| Application No.<br>09/807,234  | Filing Date<br>April 6, 2001              | Examiner<br>A. H. Spiegler              | Art Unit<br>1637                  |      |      |
| Applicant(s): Tae-Shin Park  |   |   |                                   |      |      |
| Invention: GENOTYPING KIT FOR DIAGNOSIS OF HUMAN PAPILLOMAVIRUS INFECTION  |   |   |                                   |      |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |      |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |      |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |      |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |      |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |      |
| <b>Total Claims</b>  | <del>29</del> 40                          | - 40 =                                  |                                   | x    |      |
| <b>Independent<br/>Claims</b>  | 6   | - 6 =                                   |                                   | x    |      |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>  |   |   |                                   |      |      |
| <b>Other fee (please specify):</b>   |   |   |                                   |      |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |      | 0.00 |
| <input type="checkbox"/> Large Entity <span style="margin-left: 300px;"><input checked="" type="checkbox"/> Small Entity</span>  |   |   |                                   |      |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |      |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |      |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |      |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |      |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |      |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |      |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |      |      |
| <br>Sarah N. Goldin, Ph.D.<br>Attorney Reg. No.: 54,127   |   |   | Dated: <u>June 29, 2005</u>       |      |      |
| DARBY & DARBY P.C.<br>P.O. Box 5257<br>New York, New York 10150-5257<br>(212) 527-7770   |   |   |                                   |      |      |
| Express Mail Label No. _____ Dated: _____  |   |   |                                   |      |      |

Dated: \_\_\_\_\_

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 1637

Examiner: Alexander H. Spiegler

For: GENOTYPING KIT FOR DIAGNOSIS OF  
HUMAN PAPILLOMAVIRUS INFECTION

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## INTRODUCTORY COMMENTS

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

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